

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated August 18, 2015

Requirements	States	
Own Form	AL, CO, CT, DC, FL, HI, ID, IL, IN, IA, KS, MD, MN, MS, MT, NE, NV, NM, NY, NC, ND, PA, PR, SC, SD, TN, TX, UT, VA, WA, WY	These states REQUIRE requests for information to be submitted on the forms they have developed. Links to forms or websites are provided.
Notary	AR, CO, DC, MD, MT, NE, NH, MA, NM, NY, SC, SD, TN, TX, VA	Best to use their form.
Witness	AL, MS, NE, RI, SC, TX	SC will accept notary or witness, TX requires both.
Fee	CA - \$15, CO - \$15, ID - \$20, MN - \$20, PA - \$10, RI - \$10, SC - \$8, VA - \$10, WA-\$20, WY - \$10	Processing fees are reimbursable under Title IV-E administrative expenses.
Original Sig.	CA, CO, DC, MD, NJ, NY, NC, SC, SD, TX, WV, WY, Guam	
Picture ID	AK, UT	
<p>NOTE to California FFH and FFAs: When completing another state's form, CDSS Adam Walsh Unit must always be the "Requestor."</p> <p>NOTE to California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor."</p> <p>The subject of the inquiry is NOT the "Requestor."</p>		
State	Contact Information	Procedures / Forms
Alabama	<p>CAN Central Registry Office of Child Protective Services Department of Human Resources 50 Ripley Street Montgomery, AL 36130-4000</p> <p>Phone: (334) 353-1045 Fax: (334) 242-0939</p> <p>Contact: Sue Ash, Supervisor Email: sue.ash@dhcr.alabama.gov</p>	<p>Form: DHR-FCS-1598 CAN Central Registry Clearance Form Required? Yes</p> <p>Visit the website below or call central clearinghouse (334) 242-9500 for forms and instructions</p> <p>Signed release required? Yes, and witnessed</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: no</p> <p>Web: www.dhr.alabama.gov</p>
Alaska	<p>Department of Health & Social Services 323 East 4th Avenue Anchorage, AK 99501</p> <p>Phone: (907) 269-4026 Fax: (907) 269-4098</p> <p>Contact: Ken Saucier or Anna Peratrovich at (907) 269-0329</p> <p>Email: Kenneth.Saucier@Alaska.gov</p>	<p>Form: 06-9437 LIC Clearance Form - Confidential Go to: http://dhss.alaska.gov/ocs/Pages/childprotection/default.aspx</p> <p>Form Required? Yes— need a photo ID</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail, e-mail or fax</p> <p>Fee: no</p> <p>*Allow 30 days for response</p>
Arizona	<p>Arizona Dept. of Child Safety Office of Licensing & Regulation Background Investigation Unit P.O. Box 6030, Site Code 10-20 Phoenix, AZ 85005-6030 Contact: Gail Martinez E-mail: GMartinez@azdes.gov</p> <p>Phone: (602) 255-2897 Fax: (602) 265-3993</p>	<p>Form: Yes Request for Search of Central Registry for Background Check Put on agency letterhead. Include the information you are requesting, purpose of request, include the person's names, DOB, SS#, and known addresses in state. Form Required? No</p> <p>Signed release required? Yes Fee: no</p> <p>Methods of transmission: Mail or Fax</p>

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Arkansas	<p>Arkansas Child Maltreatment Central Registry P. O. Box 1437, Slot S 566 Little Rock, AR 72203</p> <p>Phone: (501) 682-0402 Fax: (501) 682-0407 Attn: Dennis Robins</p>	<p>Form: Authorization for Release of Confidential Information Go to: http://arkedu.state.ar.us/commemos/static/fy0809/4299.html The form is at the bottom of the page. Send Arkansas form and standard cover letter on letterhead</p> <p>Form Required? No</p> <p>Signed release required? Yes and notarized</p> <p>Methods of transmission: Fax preferred</p> <p>Fee: no</p>
California	<p>California Dept. of Justice Bureau of Criminal Information & Analysis CACI P.O. Box 903387 Sacramento, CA 94203-3870</p> <p>Phone: (916) 227-5052 Fax: (916) 227-6364</p> <p>CACI-Inquiry@doj.ca.gov</p>	<p>Form: Yes - BCIA 4057 Child Abuse Central Index Inquiry Request for Out of State Foster Care & Adoption Agencies</p> <p>Form Required? Yes CA Form CA Instructions</p> <p>Signed release required? Yes – as instructed in link above.</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: \$15 Note: Processing fees are reimbursable under Title IV-E administrative expenses.</p> <p>CA DOJ Website More info on DSS Adam Walsh Website: CDSS Adam Walsh</p>
Colorado	<p>NEW ADDRESS EFFECTIVE 5/11/2015</p> <p>CDHS Background Investigation Unit 1575 Sherman Street, Ground Fl. Denver, CO 80203 Phone: (303) 866-7436 or 866-4614</p> <p>Contact: Shauna Snider</p>	<p>Form: BIU Individual Inquiry Form (do not use the facility form) Form Required? https://drive.google.com/file/d/0B9LqY2l1_H02bHJsQVRQSjVFc3c/view?usp=sharing https://drive.google.com/file/d/0B9LqY2l1_H02XzISdDVvYnhCQWc/view?usp=sharing</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: \$15.00 reduced from \$25.00 made payable to CDHS, BIU, Records and Reports.</p> <p>Note: Processing fees are reimbursable under Title IV-E administrative expenses.</p>
Connecticut	<p>Department of Children and Families Careline 505 Hudson Street Hartford, CT 06106</p> <p>Phone: (800) 842-2288 Phone: (860) 560-7000 Fax: (860) 560-7070</p>	<p>Form: Authorization for Release of Information for DCF CPS Search</p> <p>Form Required? Yes</p> <p>Go to: http://www.ct.gov/DCF/cwp/view.asp?a=2639&Q=548372#Background CPS: Background Search Release Form #3033</p> <p>Signed release required? Yes, see instructions at website link</p>

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Contact: Dakibu Muley Email: Dakibu.Muley@ct.gov	Methods of transmission: Mail or fax Fee: No Website
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Delaware	Department of Services for Children, Youth & Their Families 1825 Falkland Road Wilmington, DE 19805 Phone: (302) 892-5814 Phone: (800) 292-9582 Fax: (302) 633-5191 (Do not fax on Wednesdays) Contact: Beth Kramer	Form: Consent to Release Child Protection Registry Information. Go to: DE Form Form Required? No. Print form on letterhead. Requests should state that the information is required to comply with the Adam Walsh Child Protection and Safety Act of 2006. Signed release required? Yes Methods of transmission: Mail or fax Fee: No Website:
District of Columbia	Child & Family Services Agency Child Protection Register 400 – 6th Street, SW Washington, DC 20024 Phone: (202) 727-8885 Fax: (202) 727-8040 Email: cfsa@dc.gov	Form: Child Protection Register Check Application Form Required? Yes Fee: No Signed release required? Yes and notarized Method of transmission: Mail only, original signature required Website
Florida	Department of Children & Families Background Screening, Building 5, Room 409 1317 Winewood Blvd. Tallahassee, FL 32399 Phone: (305) 459-2112 Fax: (850) 487-4337 Contact Scott Boland Email: Scott.Boland@myflfamilies.com	Form: FAH form 1561A Go to: Florida's Website Form Required? Yes. Signed release required? Yes Methods of transmission: Mail, fax or e-mail Fee: No Website:
Georgia	DHR, DCFS Attn: Constituent Services (pub/co agencies) 2 Peachtree St. NW, Ste. 18-494 Atlanta, GA 30303 Fax: (404) 657-4483 Yvonne Davenport (404) 463-2239	Form: No Form Required? No. Print request for information on letterhead. Request must include DOB, SS# and last known address in Georgia Signed release required? Yes Methods of transmission: Fax or e-mail to: customer_services_dcfs@dhr.state.ga.us Attn: Constituent Services Fee: No

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		<p>CHILD PROTECTIVE SERVICES CLEARANCES:</p> <p>Private Agencies, with a contract with DFCS concerning youth in the custody of the Division: Cpsscreening@dhs.ga.gov</p> <p>MANAGER: Carla Simms, 404-651-7291</p> <p>International Adoptions, Public State Agencies and Pending Adoptions with a Superior Court Order:</p> <p>FAX: 1-404-657-4483</p> <p>E-MAIL: customer_services_dfcs@dhs.ga.gov (underscore between customer and services and services and dfcs)</p>
Guam	<p>Bureau of Social Services Administration Department of Public Health & Social Services 194 Hernan Cortez Avenue Hagatna, Guam 96910 Phone: (671) 475-2653/2672 Fax: (671) 477-0500 Email: lydia.tenorio@dphss.guam.gov</p>	<p>Form: No Form Required? No. Print request for information on letterhead.</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Will accept e-mail or Fax to expedite process, but requires original form by mail to release information</p> <p>Fee: No</p>

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State	Contact Information	Procedures / Forms
Hawaii	<p>Statewide Child Welfare Services Section Attn: Tonia Mahi 420 Waiakamilo Road, #300A Honolulu, HI 96817</p> <p>Phone: (808) 832-0609 Fax: (808) 832-0628</p>	<p>Form Required? Yes. Go to: HI Form</p> <p>Methods of transmission: Mail original consent forms.</p> <p>Fee: No</p> <p>Website: http://humanservices.hawaii.gov/ssd/backgroundcheck/</p>
Idaho	<p>Idaho Department of Health & Welfare Criminal History Unit 1720 Westgate Drive, Ste. A Boise, ID 83704</p> <p>Phone: (208) 332-7990 Fax: (208) 332-7991 crimhist@dhw.idaho.gov</p> <p>Contact: Kerry Hendershot or William Deseron</p> <p>Fernando Castro, Program Supervisor E-mail: castrof@dhw.idaho.gov</p>	<p>Website: https://chu.dhw.idaho.gov</p> <p>Form: The form found on the website is the authorization from the subject of the search to complete the Idaho Child Protection Registry Check. Additional documentation should be included to clarify request specifics.</p> <p>Go to: Instructions</p> <p>Is the Form Required? Yes.</p> <p>Signed release required? Yes – signed and notarized</p> <p>Methods of transmission: Mail, fax, e-mail with attachment scanned in PDF format. E-mail to: crimhist@dhw.idaho.gov</p>

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		Fee: \$20 per search. Will accept check or money order payable to IDHW that accompanies the request. Note: Processing fees are reimbursable under Title IV-E administrative expenses.
Illinois	<p>Department of Family & Children Services 406 E. Monroe Street, Station 30 Springfield, IL 62701</p> <p>Fax: (217) 782-3991 Attn: SCR PCU</p> <p>Contact: SCR PCU Phone: (217) 557-0758</p> <p>E-mail: cfs689background@illinois.gov</p>	<p>Form: CFS 689 Authorization for Background Check www.state.il.us/dcf</p> <p>Form Required? Yes (unless for child protective service investigation) Send as PDF format</p> <p>Signed release required? Yes (unless for investigation)</p> <p>Methods of transmission: Mail, fax or e-mail</p> <p>Please specify on the subject line as: Out-of-State Child Welfare</p> <p>Fee: No</p>
Indiana	<p>Indiana Dept. of Child Services Background Check Unit 302 W. Washington Room E306-MS08 Indianapolis, IN 46204</p> <p>Phone: (317) 234-5001 Fax: (317) 234-4633</p> <p>Contact: Cindy Hewett Email: Background.CheckUnit@dcs.IN.gov</p>	<p>Form: Yes 52802 (R5/8-13)/CW2128 (complete form on-line) http://www.in.gov/dcs/2363.htm form name is actually "Indiana Request for Child Protective Service (CPS) History Check"</p> <p>Form Required? Yes – Be sure to use current form. Always include maiden and all married names for female applicants. If you have not received a response, please call – <u>do not</u> send second request. Information will only be provided to The California Department of Social Services.</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Fax or mail</p> <p>Fee: No</p>

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State	Contact Information	Procedures / Forms
Iowa	<p>Iowa Central Abuse Registry Iowa Dept. Of Human Services 1305 E. Walnut, 5th Floor, Hoover Building Des Moines, IA 50319</p> <p>Phone: (515) 362-7404 Fax: (515) 564-4112 E-mail: DHSAbuseRegistry@dhs.state.ia.us</p> <p>Contact: Linda Chagoya</p>	<p>Form: 470-0643 Request for Child Abuse Information Go to: WWW.DHS.IOWA.GOV</p> <p>Form Required? Yes http://dhs.iowa.gov/sites/default/files/470-0643.pdf</p> <p>Signed release required? No</p> <p>Methods of transmission: E-mail is preferred; placing the word "confidential" in the subject line will ensure messages travel appropriately through our security filter. Fax is also acceptable.</p> <p>Fee: No</p>
Kansas	<p>SRS / Children & Family Services 915 SW Harrison Street, 5th Floor South</p>	<p>Form: CPS 1011 Child Abuse and Neglect Registry Release of Information Go to: KS Form</p>

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	<p>Topeka, KS 66612</p> <p>Phone: Annette (785) 296-6783 Fax: (866) 317-4279</p> <p>Contact: Annette Caraway E-mail: annette.caraway@srs.ks.gov</p>	<p>Form Required? Yes</p> <p>Signed release required? No</p> <p>Methods of transmission: Mail or fax</p> <p>Fee: No fee for state agencies, all others must pay \$10 per form</p> <p>Website:</p>
Kentucky	<p>Department for Community Based Services Records Management Section 275 East main Street, 3E-G Frankfort, KY 40621</p> <p>Phone: (502) 564-3834 ext.3628 Fax : (502) 564-9554</p> <p>Contact: Erika D. Bauford Email: erikad.bauford@ky.gov</p>	<p>Form: No</p> <p>Form Required? No. Print request on letterhead.</p> <p>Signed release required? No</p> <p>Methods of transmission: Mail or fax</p> <p>Fee: No</p> <p>http://chfs.ky.gov/dcbs/adamwalshforms.htm</p>
Louisiana	<p>Louisiana Department of Children and Dept. of Children & Family Services - CW Attention CPS Intake P.O. Box 3318 Baton Rouge, LA 70821</p> <p>Phone: (225) 342-1554 Fax: (225) 342-3480 Linda Carter, Section Administrator</p> <p>E-mail: DCFS.ChildProtectiveServices@LA.GOV</p>	<p>Form: No</p> <p>Form Required? No. Print request on letterhead. Include Name, Aliases; DOB; SSN; Race/Ethnicity, Last Known Address in Louisiana.</p> <p>Signed release required? Yes</p> <p>Methods of transmission: E-mail (preferred), Fax, or Mail</p> <p>Fee: No</p> <p>http://www.dcfslouisiana.gov</p>

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State	Contact Information	Procedures / Forms
Maine	<p>DHHS, Office of Child & Family Services Child Protective Intake Unit 2 Anthony Avenue, SHS #11 Augusta, ME 04333</p> <p>Phone: (800) 452-1999 ext. 2 Contact: Child Protective Intake Fax: (207) 287-5065</p>	<p>Contact: Child Protective Intake</p>
Maryland	<p>Maryland Department of Human Resources In-Home Services Social Services Administration 311 W. Saratoga Street, Room 553 Baltimore, MD 21201</p>	<p>Form: DHR/SSA 1279 Consent for Release of Information/Background Clearance Request</p> <p>Form Required? Yes</p> <p>Signed release required? Yes and notarized</p>

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	Contact Center Verification for Foster Care Phone: (800) 332-6347	Methods of transmission: Original signature required, mail only Fee: No Website
Massachusetts	Massachusetts Dept. of Children & Families Attn: CORI Unit 600 Washington Street, 6 th Floor Boston, MA 02111 Phone: (617) 748-2079 Toll Free: (800) 792-5200 Fax: (617) 439-9027 Contact: Kim Sportman E-mail: kim.sportman@state.ma.us	Form: No Form Required? No. Print request on letterhead Signed release required? Yes and notarized. Methods of transmission: Mail only and include a self-addressed stamped envelope. Fee: No Website
Michigan	Michigan Dept. of Health & Human Services Division of Child Welfare Licensing P.O. Box 30650 Lansing, MI 48909 Phone: (517) 284-9714 Toll free: (866) 685-0006 Fax: (517) 284-9719 Contact: Ann LaHaine E-Mail: Lahainea@michigan.gov	Form: No Form Required? No. Print request on letterhead & include following: reason for request, family names, DOB, SS# Signed release required? No Methods of transmission: Mail or fax Fee: No Website

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Minnesota	Minnesota Department of Human Services Background Studies Unit P.O. Box 64242 St. Paul, MN 55164-0242 Phone: (651) 431-6603 Fax: (651) 297-1490 Contact: Lori Steffan or Stephan Sarumi	Form: Consent/Authorization for Release of Information from Minnesota Child Abuse and Neglect Registry Form Required? Yes Signed release required? Yes Methods of transmission: Mail Fee: \$20 to Minn. Dept. of Human Services, Note: Processing fees are reimbursable under Title IV-E administrative expenses. Website
Mississippi	Department of Human Services Protection Unit P. O. Box 352 Jackson, MS 39205-0352 Toll-Free: (800) 222-8000 Phone: (601) 359-4487 Fax: (601) 576-2584 Contact: Pearl Holloway	Form: Specified format required – request example call contact # Form Required? Yes – Each Agency needs to create the form with their Letterhead and include the example from MS. Signed release required? Yes, with witness Methods of transmission: Mail, include SASE or send e-mail to mscentralregistry@mdhs.ms.gov Fee: No

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Missouri	<p>Missouri Department of Social Services Children's Division P.O. Box 88 Jefferson City, MO 65103</p> <p>Phone: (573) 751-2330 Fax: (573) 751-2607</p> <p>Contact: Sara Smith. Background & Screening Unit E-mail: Sara.E.Smith@dss.mo.gov</p>	<p>Form: See Website</p> <p>Form Required? Yes.</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail, e-mail or fax</p> <p>Fee: No</p> <p><u>Website</u> : http://www.mshp.dps.missouri.gov/MSHPWeb/PatrolDivisions/CRID/crimRecChk.html (SHP-159)</p>
Montana	<p>Montana Child & Family Services Division <u>Records Request</u> PO Box 8005 Helena, MT 59604-8005</p> <p>Phone: (406) 841-2400 Fax: (406) 841-2487</p>	<p>Form: MT Form</p> <p>Form Required? Yes</p> <p>Signed release required? Yes & notarized</p> <p>Methods of transmission: Mail (if requesting by mail send SASE) or fax</p> <p>Fee: No</p> <p><u>Website</u></p>
Nebraska	<p>Nebraska Health & Human Services Division of Children & Family Services P.O. Box 95026 Lincoln, NE 68509-5026</p> <p>Phone: (402) 471-9272 Fax: (402) 471-9034</p> <p>Contact: CPS Central Registry :</p>	<p>Form: Yes</p> <p>Form: NE Form</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail or fax</p> <p>Fee: No</p> <p><u>Website</u></p>

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Nevada	<p>Nevada Central Registry Nevada Division of Child & Family Services 4126 Technology Way, 3rd Floor Carson City, NV 89706</p> <p>Fax: (775) 684-4456</p> <p>Contact: Bruce Cole(775) 684-7941</p>	<p>Form: FPO 0515: Request for Child Abuse/Neglect Screening Go to: http://dcfs.nv.gov/uploadedFiles/dcfsnv.gov/content/Forms/FPO_FPO_0515A_Request_for_ChildAbuseAndNeglectScreening.doc</p> <p>Form Required? Yes</p> <p>Signed release required? No (signed release required for Employer requests only)</p> <p>Methods of transmission: Mail or fax</p> <p>Fee: No</p>
New Hampshire	<p>NHDCYF Central Registry 129 Pleasant Street Concord, NH 03301</p> <p>Phone: (603) 271-8383 Fax: (603) 271-4729</p>	<p>Form: 2202A Central Registry Name Search Authorization Release of Information to Third Party Go to: http://www.dhhs.nh.gov/hr/documents/registry.pdf</p> <p>Form Required? Yes</p> <p>Signed release required? Yes - Notarized</p>

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	Contact: Susan Hallett-Cook	Methods of transmission: Mail, original required, and include a self-addressed stamped envelope. Fee: No Website
New Jersey	Department of Children & Families Office of Licensing/CARI Unit P.O. Box 717 Trenton, NJ 08625-0717 Phone: (609) 888-7711 Toll-Free: (877) 667-9845 Contact: Judith Williams	Form: Yes Form Required: CHILD ABUSE RECORD INFORMATION FORM. See New Jersey Website for instructions. Signed release required? Yes Methods of transmission: Mail, original required, and include a self-addressed stamped envelope. Fee: No Website
New Mexico	CYFD Protective Services PO Drawer 5160 PERA Room 254 Santa Fe, NM 87502 Toll-Free: (800) 610-7610 Phone: (505) 827-8400 Fax: (505) 827-8480 Contact: Loretta Perea	Form: Yes – Abuse & Neglect Check for Prospective Foster/Adoptive Parents Form Required? Yes NM Form Signed release required? Yes – Notary Required Methods of transmission: Mail - Original Signature Fee: No Website

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New York	Office of Children & Family Services New York State Central Register P.O. Box 4480 Albany, NY 12204 Form Info: (518) 474-5297 Phone: (518) 474-8740 Fax: (518) 486-3424 Contact: Roberta Frederick	Form: Adam Walsh Authorization for Request for Information Form Required? Yes – NY Form Type Adam Walsh in search field Signed release required? Yes - notarized Methods of transmission: Mail only, original required Fee: No Website:
North Carolina	N.C. Division of Social Services 820 S. Boylan Ave., MSC 2408 Raleigh, North Carolina 27699-2408 Attn: RIL Fax: (919) 715-6714 Contact: Child Welfare Policy Section Phone: (919) 733-4622	Form Required? Yes DSS-5268 Form: NC Form Instructions: Website

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North Dakota	<p>Department of Human Services Children & Family Services 600 E. Boulevard Avenue, Dept 325 Bismarck, ND 58505-0250</p> <p>Phone: (701) 328-1846 Fax: (701) 328-3538 Contact: Tara Reed E-mail: dhsfscbc@nd.gov</p>	<p>Form: SFN 433 Child Abuse and Neglect Background Inquiry ND Form</p> <p>Form Required? Yes</p> <p>Signed release required? Yes, part of SFN 433</p> <p>Methods of transmission: Mail, fax, or e-mail</p> <p>Fee: No Website</p>
Ohio	<p>Ohio Dept. of Job & Family Services Office of Families & Children PO Box 182709 Columbus, OH 43218-2709</p> <p>Phone: (614) 752-1298 (866) 635-3748 OPTION 2</p> <p>Fax: (614) 728-6726</p> <p>Contact: Barbara Parker E-mail: Barbara.Parker@jfs.ohio.gov Janice Blue E-mail: Janice.blue@jfs.ohio.gov</p>	<p>Form: No Method of Transmission: Mail, fax, or, e-mail Print request on letterhead. Include statement that search is required for the Adam Walsh Child Protection and Safety Act of 2006 and the subjects of the search previously resided in Ohio. Request should state the full names of individuals requiring searches (including maiden and/or other names used), date of birth, SS# and previous address in Ohio, if available.</p> <p>Signed release required? No</p> <p>Methods of transmission: E-mail or fax</p> <p>Fee: No Website</p>

Updates for information listed here should be directed to: Lynnette.White-Bowen@DSS.CA.GOV

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State	Contact Information	Procedures / Forms
Oklahoma	<p><u>Request Processing Worker</u></p> <p>David Burgess</p> <p>OK Department of Human Services Children & Family Services Division Attn: David Burgess PO Box 25352 Oklahoma City, OK 73125</p> <p>Office: (405) 522-4051 Fax: (405) 521-4373</p> <p>Email: David.Burgess@okdhs.org</p> <p><u>Request Processing Supervisor</u></p> <p>Jimmy Arias OKDHS/CFSD Family & Children Services-Program Manager</p> <p>Office: (918) 794-7507 Mobile: (405) 213-4532</p>	<p>Form: Requesting Agency Letterhead Signed Release Required? No</p> <p>Method of Transmission: Preferred Email – caniscps@okdhs.org Other – FAX 405-521-4373</p> <p>Requests must be made by email to caniscps@okdhs.org, or fax to 405-521-4373 and should include the purpose of the request, names/identifying information of family members for which history is being requested, and a return email address and fax number. <u>Please DO NOT EMAIL THE REQUEST DIRECTLY TO THE PROCESSING WORKER'S PERSONAL E-MAIL AS IT WILL NOT BE RESPONDED TO.</u> Requests may take up to four to six weeks to process.</p> <p>Specific case scenarios that require a more expedient response must be justified in the request. ****Please note: Oklahoma does not have a public child abuse registry. Oklahoma State Statutes are very specific as to what Child Welfare Services information maintained by the Oklahoma Department of Human Services can be released. Such records may only be made available when a current child abuse and neglect investigation is being conducted on an individual(s) by a child protective services agency, a district attorney's office, or a public law enforcement agency. Otherwise a court order rendered in Oklahoma is required for release of child abuse and neglect information. Requests for history for any other purpose, including foster care and placement will be sent a response letter</p>

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	Email: Jimmy.Arias@okdhs.org	stating the above information. Furthermore per Social Security Act, 42 U.S.C. § 671 once a State has verified that another State does not maintain a CAN registry, the requesting State is not required to keep making requests to that State to make a registry check. States that do not maintain a CAN registry are not required by section 471(a)(20)(C)(ii) of the Social Security Act to provide child abuse and neglect information to a requesting State on adult members of a prospective foster or adoptive parent's home.
Oregon	Oregon Department of Human Services - Background Check Unit P.O. Box 14870 Salem, OR 97309-5066 Fax: (503) 378-6314 Attn: Adam Walsh Coordinator E-mail: Adam-Walsh.Oregon@state.or.us	Form Required? No. Signed release required? No Put request on agency letterhead. Include the full name, maiden name, any other akas of each applicant, their gender, DOB, SS#, reason for request: adoption or foster. Requests should state that the information is required to comply with the Adam Walsh Child Protection and Safety Act of 2006 You may e-mail your request to Adam-Walsh.Oregon@state.or.us attach the letterhead document.) The results will be securely emailed back. Methods of transmission: Mail, e-mail, or fax
Pennsylvania	ChildLine & Abuse Registry Department of Public Welfare PO Box 8170 Harrisburg, PA 17105-8170 Phone: (717) 783-4571 Toll-Free: (800) 932-0313 Contact: Tracey Isom Email: TIsom@state.pa.us	Form: CY 113 Pennsylvania Child Abuse History Clearance Form Form Required? Yes RELEASE FORM: Signed release required? No, but In order for the results to be mailed to a third party each applicant will have to complete the attached form and have it mailed in with the PCAHC (CY-113). Methods of transmission: Original signature required, mail only Fee: \$10 fee to Dept. of Public Welfare Website

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State	Contact Information	Procedures / Forms
Puerto Rico	Directora Centro Estatal PO Box 194090 San Juan, PR 00919-4090 Phone: (787) 625-4900 ext 1218 Contact: Lisa Agosto Carrasquillo Or Melissa Viana-Salas ext. 1726	Form: Yes Form Required? Yes – attached on the bottom of this list. Signed release required? No Methods of transmission: m.viana@adfan.pr.gov Fee: No Not clear if there is a registry for child abuse. There is a sexual offender registry
Rhode Island	Rhode Island State Central Registry & Child Abuse Hotline DCYF 101 Friendship St, 2nd Floor Providence, RI 02903 Phone: (800) 742-4453 (401) 528-3842 Fax: (401) 528-3480 Contact: Jan Mitchell Email: Maria.butts@dcyf.ri.gov	Form: No Form Required? Request on state letterhead Signed release required? Yes, and witnessed Methods of transmission: US mail only Fee: \$10.00 make check payable to: General Treasurer, State of Rhode Island Website
South Carolina	South Carolina Department of Social Services Central Registry P.O. Box 1520	Form: DSS Form 3072 Consent to Release Information Go to: SC Form Form Required? Yes.

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	Columbia, SC 29202-1520 Phone: (803) 898-7318 Fax: (803) 898-7641 Contact: Barbara Atiba or Faye Chandler Email: Barbara.Atiba@dss.sc.gov Faye.Chandler@dss.sc.gov	Signed release required? Yes, witnessed or notarized Methods of transmission: Original signature required, mail only Fee: \$8 Website: www.state.sc.us/dss
South Dakota	Department of Social Services/CPS 700 Governors Drive Pierre, SD 57501-2291 Phone: (605) 773-3227 FAX: (605) 773-6834 Contact: Nicole LeBeau Email: nicole.lebeau@state.sd.us	Form: Yes. Contact by phone for instructions. Form Required? Yes Signed release required? Yes, witnessed and notarized Methods of transmission: Mail, original required Fee: No
Tennessee	Genora Wilson, CPS History Search Specialist CPS History Searches and Due Process Review Tennessee Dept. of Children's Services 436 – 6 th Avenue North Cordell Hull Bldg, 8 th Floor Nashville, TN 37243 Phone: (615) 532-9856	Form: Yes Form Required? Yes Signed release required? Yes A copy of the person's signed "authorization to release information" specifically stating information is to be released from Tennessee Department of Children's Services to your agency. NOTE: This is NOT a TN form. This is a form that your agency should have, giving permission for "your" agency to "request" the information and "our" agency (TN Department of Children's Services) to "release" any CPS history information to "you". Send a cover letter on your agency's letterhead briefly stating the reason you are requesting a central registry search. Methods of transmission: E-mail ONLY: EI_DCS_CPS_CentralRegistryCheck@tn.gov (Note: if typed, spaces are underscored) In the subject line enter Out of State Request along with applicant's first initial and last name. Fee: No Website ctrl click and then search for Form CS-0741. Complete form and send in Word format.

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State	Contact Information	Procedures / Forms
Texas	Texas Department of Family & Protective Services Centralized Background Check Unit PO Box 149030 Mail Code 121-7 Austin, TX 78714-9030 1-800-645-7549 Fax: (512) 339-5871 Contacts: 1-800-645-7549	Form: 2970 Request for Child Abuse/Neglect Central Registry. Effective August 1, 2014, use revised form dated JUNE 2014. Form Required? Yes Signed release required? Yes, witnessed AND notarized Please Notice: DFPS Centralized Background Check Unit (CBCU) now accepts Central Registry requests electronically. Requestors can scan/email the 2970 form directly to: TXAbuseNeglectBGC@dfps.state.tx.us or fax to: (512) 339-5871. If you have questions or are seeking the status of a check, you can utilize the email address or call the Support Line (1-800-645-7549). CBCU will continue to accept the 2970 by regular mail, as well. Requestors should access the most current form by going to the DFPS website and searching for the 2970 form, found here: http://www.dfps.state.tx.us/site_map/forms.asp IF this request is for a CPS investigation: SWI (Statewide Intake) takes requests like these. The caseworker needs to put their request on their state agency's letterhead and fax it to: 800-647-7410. The letterhead should include as much identifiers as possible on the subjects of the BGC, including any prior addresses. SWI can be reached at 1-800-252-540.0 Fee: No Website

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Utah	<p>Division of Child & Family Services Department of Human Services Attn: Background Screening 195 North 1950 West Salt Lake City, UT 84116</p> <p>Phone: (801) 538-4466 Fax: (801) 538-3993</p> <p>Contact: Nora Wilson E-mail: norawilson@utah.gov</p>	<p>Form: http://dcfs.utah.gov/pdf/forms/InformedConsent.pdf</p> <p>Form Required? Yes ID Needed: Client driver's license or passport</p> <p>Signed release required? Yes Methods of transmission: Mail, fax or e-mail, also include a copy of the person's picture identification.</p> <p>Fee: No Website</p>
Vermont	<p>Child Abuse Registry Unit DCF/Family Services Division 103 South Main Street, Osgood 3 Waterbury, VT 05671-2401</p> <p>Phone: (802) 871-6474 Fax: (802) 241-3301</p> <p>Contact: Dianne Jabar Email: Dianne.jabar@state.vt.us</p>	<p>Form: Request for Information from the Vermont Child Protection Registry http://dcf.vermont.gov/sites/dcf/files/pdf/Registry_Self_Check.pdf</p> <p>Form Required? Yes</p> <p>Signed release required? Yes</p> <p>Methods of transmission: U.S. Mail, include a self-addressed stamped envelope. Fee: No http://dcf.vermont.gov/child_protection_registry</p>
Virginia	<p>Virginia Dept. of Social Services Child Abuse Central Registry Unit OBI Search Unit 801 East Main Street, 6th Floor Richmond, VA 23219-2901</p> <p>Phone: (804) 726-7567 Toll-Free: (800) 552-7096 Fax: (804) 726-7897</p> <p>Contact: Betty Whittaker, Central Registry Supervisor E-mail: betty.whittaker@dss.virginia.gov</p>	<p>Form: 032-02-0151-11 Central Registry Release of Information Form Go to: www.dss.virginia.gov</p> <p>Form Required? Yes</p> <p>Signed release required? Yes, and notarized (complete Certification section of form and attach notary form)</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: Yes - \$10 (EFFECTIVE 08/18/2015) Website:</p>

Updates for information listed here should be directed to: Lynnette.White-Bowen@DSS.CA.GOV

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State	Contact Information	Procedures / Forms
Virgin Islands	<p>Department of Human Services Children & Family Services Division Intake and Emergency Services Knud Hansen Complex 1303 Hospital Ground St. Thomas, VI 00802</p> <p>Phone: (340) 774-0930 ext 4393 Fax: (340) 774-0082</p> <p>Contact: Carla Benjamin, Administrator E-mail: carla.benjamin@gmail.com Janet Turnbull-Krigger, Administrator E-mail: turnbullkrigger@yahoo.com</p>	<p>Form: No, Place request information on letterhead</p> <p>Signed release required? No</p> <p>Method of transmission: email</p> <p>Fee: no</p>
Washington	<p>DSHS Children's Administration, FISCAL NCIC Access Unit Central Intake Office</p>	<p>Form: Washington State Child Abuse and Neglect Findings Request</p> <p>Form Required? Yes and TYPED</p>

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	<p>Attn: CAN History Check PO Box 45710 Olympia, WA 98504-5710 Phone: (800) 562-5624 Fax: (206) 464-7464</p> <p>Contact: Lucy McCornell</p> <p>E-mail: CANhistorychecks@dshs.wa.gov</p>	<p>Signed release required? Yes</p> <p>Methods of transmission: Mail, e-mail and fax</p> <p>Fee: \$20.00</p>
West Virginia	<p>West Virginia Department of Health & Human Resources 350 Capitol Street, RM 691 Charleston, WV 25301</p> <p>Phone: (304) 558-4408 Toll-Free: (800) 352-6513 Fax (304) 558-5354</p> <p>Contact: Cher O'Brien E-mail: fc697@wvdhhr.org</p>	<p>Form: BCF-PSRC Authorization and Release for Protective Services Record Check Go to: WV Form Form Required? Yes</p> <p>New FORM and New INSTRUCTIONS effective 3/1/2014 Signed release required? Yes, require original signature</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: No Website:</p>
Wisconsin	<p>Department of Safety and Permanence 201 E. Washington Street Madison, WI 53703</p> <p>E-Mail Address: CWBckgrdRequests@wisconsin.gov</p> <p>Fax: (608) 226-5521</p>	<p>Form: Pending Form Required? Pending. At his time print request on letterhead</p> <p>See Page 4 of: WI Procs For information request procedure</p> <p>Signed release required? Yes</p> <p>Methods of transmission: E-Mail or fax</p> <p>Fee: Not at state level but counties may charge a fee No Central Registry</p> <p>Website or http://www.dcf.wisconsin.gov/children/cps/cpswimap.htm</p>

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State	Contact Information	Procedures / Forms
Wyoming	<p>Department of Family Services 2300 Capitol Ave. 3RD Floor Cheyenne, WY 82002</p> <p>Phone: (307) 777-5894 Fax: (307) 777-3693 Contacts: Stephanie Ross (307) 777-5894 OR Heidi Teasley (307) 777-5491 Email: sross@wyo.gov heidi.teasley@wyo.gov</p>	<p>Form: SS-26EX Application for Child Abuse/Neglect and Adult Central Registry Screens and Wyoming Criminal History Record Prescreens WY Form</p> <p>Form Required? Yes, include all pages and a Self-Addressed Envelope</p> <p>Signed release required? Yes with original signature</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: \$10.00 (Waived for a state agency request) Website</p>

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PUERTO RICO FORM BELOW

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated August 18, 2015

GOBIERNO DE PUERTO RICO
DEPARTAMENTO DE LA FAMILIA
ADMINISTRACION DE FAMILIAS Y NIÑOS
CENTRO ESTATAL DE PROTECCION A MENORES
REGISTRO CENTRAL DE CASOS DE PROTECCION

SOLICITUD DE BUSQUEDA DE ANTECEDENTES DE MALTRATO, MALTRATO INSTITUCIONAL, NEGLIGENCIA Y NEGLIGENCIA INSTITUCIONAL

Parte I: Para ser Completada por la Agencia o el Individuo Solicitante

Nombre de la Agencia o Individuo Solicitante		Apodo
Dirección Postal		
Dirección Residencial		
Número de Teléfono	Número de Fax	Correo Electrónico

Propósito de la Búsqueda:

- ☐ Adopción
 ☐ Adopción Privada
 ☐ Comunidad
 ☐ Cuidado Sustituto
 ☐ Patrono
 ☐ Otros: Especifique _____
 ☐ Licenciamiento
 ☐ Servicios Interagenciales

Parte II: Complete la Información sobre la Persona de Quien se Hace la Búsqueda de Antecedentes:

Datos de Identificación:

Nombre	Inicial	Apellidos
Fecha de Nacimiento (Día/Mes/Año)		Edad
Género: <input type="checkbox"/> F <input type="checkbox"/> M		

Número de Seguro Social: XXX-XX- Estatut Civil: _____

Dirección de los Últimos Cinco (5) Años:

Direcciones (Comenzando con la más reciente. Identifique Barrio, Sector, Urbanización, Núm. Calle, Número de Apartamento)	Desde Día-Mes-Año	Hasta Día-Mes-Año
Dirección 1:		
Dirección 2:		
Dirección 3:		
Dirección 4:		
Dirección 5:		

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Lugar Anterior de Trabajo: _____

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

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SOLICITUD DE BÚSQUEDA DE ANTECEDENTES DE MALTRATO,
MALTRATO INSTITUCIONAL, NEGLIGENCIA Y NEGLIGENCIA INSTITUCIONAL

Certificación y Consentimiento:¹

Certifico que la información contenida en este formulario, es correcta y autorizo al Centro Estatal, Registro Central de Casos de Protección a Menores, a realizar los procedimientos correspondientes, basados en mi información personal, para certificar el resultado de la búsqueda de antecedentes de Maltrato, Maltrato Institucional, Negligencia y Negligencia Institucional.

Nombre	Firma	Día-Mes-Año
Nombre de Testigo de Firma	Firma	Día-Mes-Año

Autorizo que el resultado de esta búsqueda sea notificado a la Agencia o Individuo Solicitante (Parte I de esta Forma).

Nombre
Dirección

Nombre	Firma	Día-Mes-Año
--------	-------	-------------

LA/CMC/tdj
11/2010

¹ Se utilizará testigo de firma o marca cuando se refiere a persona que no sabe leer ni escribir, no vidente, audio/impedido u otro que requiera asistencia para hacer la solicitud.

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